

MDR Tracking Number: M4-03-1868-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E1399 and L1832.

II. FINDINGS

The respondent denied reimbursement based upon “F – Reduced According to Fee Guideline; N- Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes’ value per Rule 133.301(B). A revised CPT code or documentation to support the service billed may be submitted; and M – The Medical Fee Guideline states in the importance of proper coding ‘accurate coding of services rendered is essential for proper reimbursement’ the services performed are not reimbursable as billed.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-8-02	E1399	\$155.00	\$10.00	F, M	DOP	General Instructions GR III Durable Medical Equipment GR (VIII)(IX) Section 413.011(b)	Requestor submitted prescription, letter of medical necessity, description of DME product and redacted EOBs to support billing per MFG; therefore, reimbursement of \$145.00 is recommended.
10-8-02	L1832	\$492.00	\$452.67	N, M	DOP		Requestor submitted prescription, letter of medical necessity, description of DME product and redacted EOBs to support billing per MFG; therefore, reimbursement of \$39.33 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$184.33.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes E1399 and L1832 in the amount of **\$184.33**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$184.33** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of May 2004.

Medical Dispute Resolution Officer
Medical Review Division